



Rep. Robyn Gabel

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LRB103 38742 RPS 71976 a

1 AMENDMENT TO HOUSE BILL 5142

2 AMENDMENT NO. \_\_\_\_\_. Amend House Bill 5142, AS AMENDED,  
3 by replacing everything after the enacting clause with the  
4 following:

5 "Section 5. The Illinois Insurance Code is amended by  
6 changing Sections 356z.4a and 356z.40 as follows:

7 (215 ILCS 5/356z.4a)

8 Sec. 356z.4a. Coverage for abortion.

9 (a) Except as otherwise provided in this Section, no  
10 individual or group policy of accident and health insurance  
11 that provides pregnancy-related benefits may be issued,  
12 amended, delivered, or renewed in this State after the  
13 effective date of this amendatory Act of the 101st General  
14 Assembly unless the policy provides a covered person with  
15 coverage for abortion care. Regardless of whether the policy  
16 otherwise provides prescription drug benefits, abortion care

1 coverage must include medications that are obtained through a  
2 prescription and used to terminate a pregnancy, regardless of  
3 whether there is proof of a pregnancy.

4 (b) Coverage for abortion care may not impose any  
5 deductible, coinsurance, waiting period, or other cost-sharing  
6 limitation ~~that is greater than that required for other~~  
7 ~~pregnancy related benefits covered by the policy.~~ This  
8 subsection does not apply to the extent that such coverage  
9 would disqualify a high-deductible health plan from  
10 eligibility for a health savings account pursuant to Section  
11 223 of the Internal Revenue Code.

12 (c) Except as otherwise authorized under this Section, a  
13 policy shall not impose any restrictions or delays on the  
14 coverage required under this Section.

15 (d) This Section does not, pursuant to 42 U.S.C.  
16 18054(a)(6), apply to a multistate plan that does not provide  
17 coverage for abortion.

18 (e) If the Department concludes that enforcement of this  
19 Section may adversely affect the allocation of federal funds  
20 to this State, the Department may grant an exemption to the  
21 requirements, but only to the minimum extent necessary to  
22 ensure the continued receipt of federal funds.

23 (Source: P.A. 101-13, eff. 6-12-19; 102-1117, eff. 1-13-23.)

24 (215 ILCS 5/356z.40)

25 Sec. 356z.40. Pregnancy and postpartum coverage.

1 (a) An individual or group policy of accident and health  
2 insurance or managed care plan amended, delivered, issued, or  
3 renewed on or after October 8, 2021 (the effective date of  
4 Public Act 102-665) ~~this amendatory Act of the 102nd General~~  
5 ~~Assembly~~ shall provide coverage for pregnancy, postpartum, and  
6 newborn care in accordance with 42 U.S.C. 18022(b) regarding  
7 essential health benefits. For policies amended, delivered,  
8 issued, or renewed on or after January 1, 2026, this  
9 subsection also applies to coverage for postpartum care.

10 (b) Benefits under this Section shall be as follows:

11 (1) An individual who has been identified as  
12 experiencing a high-risk pregnancy by the individual's  
13 treating provider shall have access to clinically  
14 appropriate case management programs. As used in this  
15 subsection, "case management" means a mechanism to  
16 coordinate and assure continuity of services, including,  
17 but not limited to, health services, social services, and  
18 educational services necessary for the individual. "Case  
19 management" involves individualized assessment of needs,  
20 planning of services, referral, monitoring, and advocacy  
21 to assist an individual in gaining access to appropriate  
22 services and closure when services are no longer required.  
23 "Case management" is an active and collaborative process  
24 involving a single qualified case manager, the individual,  
25 the individual's family, the providers, and the community.  
26 This includes close coordination and involvement with all

1 service providers in the management plan for that  
2 individual or family, including assuring that the  
3 individual receives the services. As used in this  
4 subsection, "high-risk pregnancy" means a pregnancy in  
5 which the pregnant or postpartum individual or baby is at  
6 an increased risk for poor health or complications during  
7 pregnancy or childbirth, including, but not limited to,  
8 hypertension disorders, gestational diabetes, and  
9 hemorrhage.

10 (2) An individual shall have access to medically  
11 necessary treatment of a mental, emotional, nervous, or  
12 substance use disorder or condition consistent with the  
13 requirements set forth in this Section and in Sections  
14 370c and 370c.1 of this Code.

15 (3) The benefits provided for inpatient and outpatient  
16 services for the treatment of a mental, emotional,  
17 nervous, or substance use disorder or condition related to  
18 pregnancy or postpartum complications shall be provided if  
19 determined to be medically necessary, consistent with the  
20 requirements of Sections 370c and 370c.1 of this Code. The  
21 facility or provider shall notify the insurer of both the  
22 admission and the initial treatment plan within 48 hours  
23 after admission or initiation of treatment. Nothing in  
24 this paragraph shall prevent an insurer from applying  
25 concurrent and post-service utilization review of health  
26 care services, including review of medical necessity, case

1 management, experimental and investigational treatments,  
2 managed care provisions, and other terms and conditions of  
3 the insurance policy.

4 (4) The benefits for the first 48 hours of initiation  
5 of services for an inpatient admission, detoxification or  
6 withdrawal management program, or partial hospitalization  
7 admission for the treatment of a mental, emotional,  
8 nervous, or substance use disorder or condition related to  
9 pregnancy or postpartum complications shall be provided  
10 without post-service or concurrent review of medical  
11 necessity, as the medical necessity for the first 48 hours  
12 of such services shall be determined solely by the covered  
13 pregnant or postpartum individual's provider. Nothing in  
14 this paragraph shall prevent an insurer from applying  
15 concurrent and post-service utilization review, including  
16 the review of medical necessity, case management,  
17 experimental and investigational treatments, managed care  
18 provisions, and other terms and conditions of the  
19 insurance policy, of any inpatient admission,  
20 detoxification or withdrawal management program admission,  
21 or partial hospitalization admission services for the  
22 treatment of a mental, emotional, nervous, or substance  
23 use disorder or condition related to pregnancy or  
24 postpartum complications received 48 hours after the  
25 initiation of such services. If an insurer determines that  
26 the services are no longer medically necessary, then the

1 covered person shall have the right to external review  
2 pursuant to the requirements of the Health Carrier  
3 External Review Act.

4 (5) If an insurer determines that continued inpatient  
5 care, detoxification or withdrawal management, partial  
6 hospitalization, intensive outpatient treatment, or  
7 outpatient treatment in a facility is no longer medically  
8 necessary, the insurer shall, within 24 hours, provide  
9 written notice to the covered pregnant or postpartum  
10 individual and the covered pregnant or postpartum  
11 individual's provider of its decision and the right to  
12 file an expedited internal appeal of the determination.  
13 The insurer shall review and make a determination with  
14 respect to the internal appeal within 24 hours and  
15 communicate such determination to the covered pregnant or  
16 postpartum individual and the covered pregnant or  
17 postpartum individual's provider. If the determination is  
18 to uphold the denial, the covered pregnant or postpartum  
19 individual and the covered pregnant or postpartum  
20 individual's provider have the right to file an expedited  
21 external appeal. An independent utilization review  
22 organization shall make a determination within 72 hours.  
23 If the insurer's determination is upheld and it is  
24 determined that continued inpatient care, detoxification  
25 or withdrawal management, partial hospitalization,  
26 intensive outpatient treatment, or outpatient treatment is

1 not medically necessary, the insurer shall remain  
2 responsible for providing benefits for the inpatient care,  
3 detoxification or withdrawal management, partial  
4 hospitalization, intensive outpatient treatment, or  
5 outpatient treatment through the day following the date  
6 the determination is made, and the covered pregnant or  
7 postpartum individual shall only be responsible for any  
8 applicable copayment, deductible, and coinsurance for the  
9 stay through that date as applicable under the policy. The  
10 covered pregnant or postpartum individual shall not be  
11 discharged or released from the inpatient facility,  
12 detoxification or withdrawal management, partial  
13 hospitalization, intensive outpatient treatment, or  
14 outpatient treatment until all internal appeals and  
15 independent utilization review organization appeals are  
16 exhausted. A decision to reverse an adverse determination  
17 shall comply with the Health Carrier External Review Act.

18 (6) Except as otherwise stated in this subsection (b)  
19 and subsection (c), the benefits and cost-sharing shall be  
20 provided to the same extent as for any other medical  
21 condition covered under the policy.

22 (7) The benefits required by paragraphs (2) and (6) of  
23 this subsection (b) are to be provided to all covered  
24 pregnant or postpartum individuals with a diagnosis of a  
25 mental, emotional, nervous, or substance use disorder or  
26 condition. The presence of additional related or unrelated

1 diagnoses shall not be a basis to reduce or deny the  
2 benefits required by this subsection (b).

3 (8) Insurers shall cover all services for pregnancy,  
4 postpartum, and newborn care that are rendered by  
5 perinatal doulas or licensed certified professional  
6 midwives, including home births, home visits, and support  
7 during labor, abortion, or miscarriage. Coverage shall  
8 include the necessary equipment and medical supplies for a  
9 home birth. For home visits by a perinatal doula, not  
10 counting any home birth, the policy may limit coverage to  
11 16 visits before and 16 visits after a birth, miscarriage,  
12 or abortion. As used in this paragraph (8), "perinatal  
13 doula" has the meaning given in subsection (a) of Section  
14 5-18.5 of the Illinois Public Aid Code.

15 (9) Coverage for pregnancy, postpartum, and newborn  
16 care shall include home visits by lactation consultants  
17 and the purchase of breast pumps and breast pump supplies,  
18 including such breast pumps, breast pump supplies,  
19 breastfeeding supplies, and feeding aides as recommended  
20 by the lactation consultant. As used in this paragraph  
21 (9), "lactation consultant" means either an International  
22 Board-Certified Lactation Consultant or a certified  
23 lactation counselor as defined in subsection (a) of  
24 Section 5-18.10 of the Illinois Public Aid Code.

25 (10) Coverage for postpartum services shall apply for  
26 all covered services rendered within the first 12 months



1 after the end of pregnancy, subject to any policy  
2 limitation on home visits by a perinatal doula allowed  
3 under paragraph (8) of this subsection (b). Nothing in  
4 this paragraph (10) shall be construed to require a policy  
5 to cover services for an individual who is no longer  
6 insured or enrolled under the policy. If an individual  
7 becomes insured or enrolled under a new policy, the new  
8 policy shall cover the individual consistent with the time  
9 period and limitations allowed under this paragraph (10).  
10 This paragraph (10) is subject to the requirements of  
11 Section 25 of the Managed Care Reform and Patient Rights  
12 Act, Section 20 of the Network Adequacy and Transparency  
13 Act, and 42 U.S.C. 300gg-113.

14 (c) All coverage required under subsection (b) shall be  
15 provided without cost-sharing, except that, for mental health  
16 services, the cost-sharing prohibition does not apply to  
17 inpatient or residential services, and, for substance use  
18 disorder services, the cost-sharing prohibition applies only  
19 to levels of treatment below and not including Level 3.1  
20 (Clinically Managed Low-Intensity Residential), as established  
21 by the American Society for Addiction Medicine. This  
22 subsection does not apply to the extent such coverage would  
23 disqualify a high-deductible health plan from eligibility for  
24 a health savings account pursuant to Section 223 of the  
25 Internal Revenue Code.

26 (Source: P.A. 102-665, eff. 10-8-21.)

1           Section 10. The Illinois Public Aid Code is amended by  
2 changing Sections 5-16.7 and 5-18.5 as follows:

3           (305 ILCS 5/5-16.7)

4           Sec. 5-16.7. Post-parturition care. The medical assistance  
5 program shall provide the post-parturition care benefits  
6 required to be covered by a policy of accident and health  
7 insurance under Section 356s of the Illinois Insurance Code.

8           ~~On and after July 1, 2012, the Department shall reduce any~~  
9 ~~rate of reimbursement for services or other payments or alter~~  
10 ~~any methodologies authorized by this Code to reduce any rate~~  
11 ~~of reimbursement for services or other payments in accordance~~  
12 ~~with Section 5-5e.~~

13           (Source: P.A. 97-689, eff. 6-14-12.)

14           (305 ILCS 5/5-18.5)

15           Sec. 5-18.5. Perinatal doula and evidence-based home  
16 visiting services.

17           (a) As used in this Section:

18           "Home visiting" means a voluntary, evidence-based strategy  
19 used to support pregnant people, infants, and young children  
20 and their caregivers to promote infant, child, and maternal  
21 health, to foster educational development and school  
22 readiness, and to help prevent child abuse and neglect. Home  
23 visitors are trained professionals whose visits and activities

1 focus on promoting strong parent-child attachment to foster  
2 healthy child development.

3 "Perinatal doula" means a trained provider who provides  
4 regular, voluntary physical, emotional, and educational  
5 support, but not medical or midwife care, to pregnant and  
6 birthing persons before, during, and after childbirth,  
7 otherwise known as the perinatal period.

8 "Perinatal doula training" means any doula training that  
9 focuses on providing support throughout the prenatal, labor  
10 and delivery, or postpartum period, and reflects the type of  
11 doula care that the doula seeks to provide.

12 (b) Notwithstanding any other provision of this Article,  
13 perinatal doula services and evidence-based home visiting  
14 services shall be covered under the medical assistance  
15 program, subject to appropriation, for persons who are  
16 otherwise eligible for medical assistance under this Article.  
17 Perinatal doula services include regular visits beginning in  
18 the prenatal period and continuing into the postnatal period,  
19 inclusive of continuous support during labor and delivery,  
20 that support healthy pregnancies and positive birth outcomes.  
21 Perinatal doula services may be embedded in an existing  
22 program, such as evidence-based home visiting. Perinatal doula  
23 services provided during the prenatal period may be provided  
24 weekly, services provided during the labor and delivery period  
25 may be provided for the entire duration of labor and the time  
26 immediately following birth, and services provided during the

1 postpartum period may be provided up to 12 months postpartum.

2 (b-5) Notwithstanding any other provision of this Article,  
3 beginning January 1, 2025 ~~2023~~, ~~licensed~~ certified  
4 professional midwife services shall be covered under the  
5 medical assistance program, subject to appropriation, for  
6 persons who are otherwise eligible for medical assistance  
7 under this Article. The Department shall consult with midwives  
8 on reimbursement rates for midwifery services.

9 (c) The Department of Healthcare and Family Services shall  
10 adopt rules to administer this Section. In this rulemaking,  
11 the Department shall consider the expertise of and consult  
12 with doula program experts, doula training providers,  
13 practicing doulas, and home visiting experts, along with State  
14 agencies implementing perinatal doula services and relevant  
15 bodies under the Illinois Early Learning Council. This body of  
16 experts shall inform the Department on the credentials  
17 necessary for perinatal doula and home visiting services to be  
18 eligible for Medicaid reimbursement and the rate of  
19 reimbursement for home visiting and perinatal doula services  
20 in the prenatal, labor and delivery, and postpartum periods.  
21 Every 2 years, the Department shall assess the rates of  
22 reimbursement for perinatal doula and home visiting services  
23 and adjust rates accordingly.

24 (d) The Department shall seek such State plan amendments  
25 or waivers as may be necessary to implement this Section and  
26 shall secure federal financial participation for expenditures

1 made by the Department in accordance with this Section.

2 (Source: P.A. 102-4, eff. 4-27-21; 102-1037, eff. 6-2-22.)

3 Section 99. Effective date. This Act takes effect January  
4 1, 2026, except that this Section and the changes to Section  
5 5-18.5 of the Illinois Public Aid Code take effect January 1,  
6 2025.".